**PATENT** 

P EDOCKET NO. 02-064D (ANSI01-00066) Cartomer No. 36029

NOV 1 0 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Mark G. Schrom, et al.

Serial No.

10/650,883

Filed

August 28, 2003

For

NEUROSTIMULATING LEAD

Group No.

3729

Examiner

Carl J. Arbes

## MAIL STOP AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

## PETITION FOR EXTENSION OF TIME

Applicant respectfully requests a two month extension of time for filing an Amendment and Response to Restriction Requirement to the Office Action mailed August 10, 2005. The response period expired on October 10, 2005, and if this Petition for Extension of Time is granted, the new response date will be November 10, 2005.

A check in the amount of \$450.00 is enclosed for the two month extension fee. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Davis Munck Deposit Account No. 50-0208.

11/16/2005 HTECKLU1 00000040 10650883 450.00 OP

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Page 1 of 2

## ATTORNEY DOCKET NO. 02-064D (ANSI01-00066) U.S. SERIAL NO. 10/650,883 PATENT

Respectfully submitted,

DAVIS MUNCK, P.C.

Date: ///10/2005

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PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032

NOV 1 0 2005

Under the Panery	vork Reduction Act o	f 1995 no nersons	are required to re	U.S. Pater aspond to a collection	nt and Tradei on of informa	mark Office; tion unless it	U.S. DEPARTI displays a val	MENT OF COM lid OMB control	MERCE
4UENKEL	Complete if Known								
Dursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/650,883					
FEE TRANSMITTAL				Filing Date August 2			2003		
For FY 2005				First Named In	ventor N	Mark G. Schrom			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Carl J. Arbes					
				Art Unit 3729					
TOTAL AMOUNT OF PAYMENT (\$) 450.00				Attorney Dock	et No. 02	02-064D (ANSI01-00066)			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 50-0208  Deposit Account Name: Davis Munck P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILIN		I <mark>ND EXAMINA</mark> ING FEES		RCH FEES	EXAMI	NATION F	FES		
		Small Entit	Y	Small Entity		Small E	ntity	Food Boid /\$	,
Application 1			Fee (\$		Fee (\$		5)	Fees Paid (\$	ı
Utility	300		500	250	200	100	_	<del></del>	-
Design	200		100	50	130	65	<del></del>	<u> </u>	_
Plant	200		300	150	160	80	_	<del></del>	-
Reissue	300	• • •	500	250	600	300	_		-
Provisional 200 100 0 0 0									-
2. EXCESS CLAIM FEES Fee Description Fee									Entity e (\$)
Each claim over	r 20 or, for Reis	sues, each clai	m over 20 and	d more than in	the origina	al patent		50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100									
Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee			Paid (\$)	Multiple	e Depende	nt Claims	360 1	٥٥	
Total Claims - 20	) or HP =	X Y	= 	<u>r aiu (ψ)</u>	Fee		Fee Paid (	5)	
HP = highest num	nber of total claims p	aid for, if greater th		D - 14 (0)				_	
Indep. Claims - 3	<u>Paid (\$)</u>								
HP = highest num	ber of independent of	laims paid for, if g	reater than 3						
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other: Petit	ion for Extension	on of Time - tv	vo months					\$450.00	
SUBMITTED BY	10		1						
Signature	Kobe t	JMY.	lean	Registration No. (Attorney/Agent)	38.717	Т	elephone 97	2-628-3600	
	p log with	- i i ju	where !	(Artiothe Mydent)		<del></del>	1	<del> </del>	

Date 11/10/2005 Name (Print/Type) Robert D. McCutcheon

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.